



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Education Office of Administrative Services Fiscal Services Division Accounting Services Section	Application Number 74-15-A	
Application Number		Date Received SEP 18 1981	Date Completed OCT 26 1981
2. Person to Contact Joan Hendrickson		School Food Claims Unit Working Title Unit Supervisor Telephone Number 656-2495	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>74-15</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest _____ Latest _____ To Date _____		5. Records Series Title (followed by title used in office, if different) Food Service Equipment Assistance Claim Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The School Food Claims Unit is responsible for reimbursement of School Food and Nutrition Program funds to local school food authorities in accordance with regulations established by the United States Department of Agriculture.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: documenting local school claims for reimbursement for the purchases of food service equipment. Included are: Food Service Equipment Assistance Application Claim/Agreement Form (DE Form 0459), Food Service Equipment Assistance Claim Verification Form (DE Form 0460), invoice copies for all equipment reimbursed and related correspondence. File is arranged: chronologically by fiscal year; thereunder alphabetically by school system.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>1</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	NA	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	<u>3</u> years.
c. Federal law	_____ years.	f. Federal retention instructions	<u>3</u> years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

7CFR210.14g, 7CFR215.11c, 7CFR220.13b, 7CFR230.12

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 1 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 2 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>A. Weyman Culp</i>	9/18/81	Walker L. Baumgardner	9-18-81
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
State Auditor/Designee		<i>[Signature]</i>	9-29-81
Secretary of State/Designee		Carroll K. Hise	9-28-81
Attorney General/Designee		<i>[Signature]</i>	10-16-81



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

233-17

7

1. Application Date 1-4-74	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. 3430-1		Date Received JAN - 7 1974	Application No. 74-15 Date Completed JAN 18 1974
3. AGENCY, Division, Subdivision & Administering Office Address Department of Education Office of School Administrative Services Ancillary Services Division, School Food Service Room 211 Education Annex, 156 Trinity Avenue S.W. Atlanta, Georgia 30334		4. Person to Contact Richard B. Rumbaugh, Jr.	
		5. Working Title Accountant	6. Tel. No. 656-2457

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1969 - to-date	9. Exact Series Title Non-Food Assistance Reimbursement Claim Files
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10. What is the function of the office in which this record series is created?

The Office of School Administrative Services supervises allotments and payments of education funds to local systems under MFPE law and some federal programs. The Office of School Administrative Services administers standards for schools and systems, Shared Services Projects, the school building, school nutrition programs and textbook programs, public library services, food distribution, the school transportation and surplus property programs.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to the partial reimbursement of local school districts for the purchase of food service equipment covered by the Child Nutrition Act of 1966 as amended which include, but is not limited to, steamers, kettles, ranges, ovens, dishwashers, refrigerators, and freezers. These purchases are reimbursed by federal funds. Included are: (1) Form GA SE-5 (Non-food Assistance Application Claim and Agreement) - A five page form with instructions which is submitted by the local school officials to ask for a reimbursement of funds used for the purchase of food service equipment. Information on the application includes present equipment, equipment needed and a questionnaire section on the participation of the school in the A.S.G.A. Program. (2) Invoices for all equipment reimbursed.

Files are arranged chronologically by fiscal year and there under alphabetically by name of school system.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	7	10.5		3	4.5
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
Record Center Boxes		10		This Year's	Last Year's
45-61-1			AVERAGE DAILY REFERENCE	Preceding Year's	All Prior Years
				1	0
				0	0
				0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

13. Is this the Record Copy of the series? YES ☒ []
14. Is there a duplication of this series in another office or agency? [] [X]
15. Is the information contained in this series ever summarized or published? [X] []
Attach copy of summary or publication. (Annual Report)
16. Does the series contain classified information requiring security handling? [] [X]
17. Does the series initiate, amend or terminate agency policies and procedures? [] [X]
18. Could the function be performed if the files were lost or destroyed? [X] []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [] [X]
20. Does the record series provide data as input to an EDP file? [X] [X]
21. Does the record series contain documentation produced as EDP printout? [] [X]
Are these obtained in requirements for federal reporting
22. Has the Federal Government issued instructions governing the retention/disposition of these files? Guide to records retention requirements [X] []
Guide to Records Retention Requirements 1 CFR, Appendix A I-12.9
23. Will there be a need for these records 10, 15 years from now? If yes, what? [] [X]

24. REQUIREMENTS. The following requires the files to be kept 3-5 years:

- a. [] STATE LAW b. [] STATUTE OF LIMITATION c. [] AUDIT PERIOD d. [X] FEDERAL LAW e. [] ADMINISTRATIVE DECISION f. [] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

1 CFR, Appendix A I-112.9 - 3-5 years after end of Federal fiscal year to which they pertain.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER _____, then:

☒ Hold in the current files area 1 month(s)/ 1 year(s):

☒ Transfer to ☒ State Records Center ☒ Local Holding Area; hold 4 year(s):

☒ Destroy. 1 year(s) after 1 month(s) after cut-off:

☐ Transfer to State Archives for permanent retention.

☐ Destroy immediately after cut-off.

☐ Other: (Specify) _____

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Alan A. Spauloch</i>	1-7-74		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>R. C. Pausan</i>	1/7/74
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. [unclear]</i>	1-7-74
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Caryce Hart</i>	1-16-74
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[unclear]</i>	1-7-74

STATE RECORDS
COMMITTEE